

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

MERRITT K. YOCHUM ASSEMBLY
 Name (print) Office (if applicable) District (if applicable) 40
 4837 EAST NYE LANE CARSON CITY, NV. 89706(775) 882 8406
 Mailing Address (include city and zip code) Telephone No.
 scrabin2@aol.com
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
 Period: January 1, 2003 - December 31, 2003

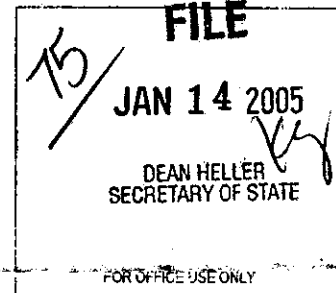
☐ Report #1 - Due August 31, 2004
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004
 Period: Aug. 27, 2004 - Oct. 21, 2004

☒ Report #3 Due - January 15, 2005*
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
N/A	N/A
N/A	N/A

- Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
N/A	N/A
N/A	N/A

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct. signed under duress, const.question

M. K. Yochum
 Signature
 EL201.doc

Revised: Jan-04

1-13-05
 Date
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CAMPAIGN EXPENSESReport Period # **3**

MERRITT K. YOCHUM ASSEMBLY

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Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A	N/A	N/A	N/A

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Report Period # 3

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District (if applicable)

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